

# OBSERVATION LOG



North Dakota Teacher Support System

First-Year Teacher \_\_\_\_\_

School \_\_\_\_\_

Mentor \_\_\_\_\_

School \_\_\_\_\_

Who observed whom \_\_\_\_\_

School \_\_\_\_\_

Date of observation \_\_\_\_\_ Time \_\_\_\_\_ Duration \_\_\_\_\_

What is the goal of this observation? \_\_\_\_\_

Notes from observation \_\_\_\_\_

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### Implications for my classroom

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*Use additional sheets as necessary. Copies should be made available for the ND Teacher Support System Coordinator and/or project evaluator as necessary.*

*Be sure you also record the observation on SFN 59279 Record of Observation Time for verification of completion of program requirements.*